START-ODS

SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

Minutes

SYSTEM OF CARE STAKEHOLDER WORKGROUP		
Topic	Case Management/Care Coordination	
Date	September 9, 2016	
Time	9:30 AM – 11:00 AM	
Venue	Conference Room 8050, Building A-8 1000 South Fremont Avenue, Alhambra, CA 91803	
PARTICIPANTS		
Stakeholders	Antelope Valley Rehabilitation Centers APU/ULVA Asian American Drug Abuse Program Azusa Pacific University Behavioral Health Services, Inc. Behavioral Health Services, Inc. Child and Family Center Children's Hospital Los Angeles CLARE Foundation, Inc. Corporation for Supportive Housing Didi Hirsch Didi Hirsch Families for Children Fred Brown Recovery Services Fred Brown Recovery Services Health Right 360 Helping Kid to Recover Helping Kid to Recover Helpline Youth Counseling California Hispanic Commission on Alcohol and Drug Abuse California Hispanic Commission on Alcohol and Drug Abuse California Hispanic Commission on Alcohol and Drug Abuse Live Again Recovery Homes Los Angeles Centers for Alcohol and Drug Abuse Los Angeles County Department of Mental Health Matrix Institute Matrix Institute Motivational Recovery Services Motivational Recovery Services Pacific Clinics Phoenix House Prototypes, Inc. Safe Refuge San Fernando Valley Community Mental Health Center Special Services for Groups-HOPICS Special Services for Groups-Weber Southern California Alcohol and Drug Programs, Inc. Tarzana Treatment Centers The Sober Living Network Tri City Institute	Tony Hill R. Castareas Hiroko Makiyama Irene Valdovinos Celia Aragon Shirley Summers Christine Pones Irene Lim Jared Friedman Gabriele Hook Paulla Elmore Dan George Andrew Henderson M. Malona Roxanna Natalie-Brown Demetrius Andreas C. Boyd A. Delph Debbie Ma Edward Maldonado Marcela Rivera Nidia Pena Theodore Herrington Bill Tarkanian Michele Archambeault Dan George Dara Yomjinda Narine Malkhasyan Narina Mnatsakanyan Sharon Burnom Kristin Sabo Garett Staley Kathy Romo Serena Rosenkjar Stephanie Castillo Heidi Deleon Natasha Medina Walter Santico David Sheridan Vera Moul

SAPC Staff	Yasser Aman, Diana Baumbauer, John Connolly, Loretta Denering, Sarah Domb, Timothy Dueñas, Maribel Garcia, Michelle Gibson, Kristine Glaze, Mayra Gonzalez, Christina Kaiser, Tina Kim, Yanira Lima, Julie Lo, Elizabeth Norris-Walczak, Christine Oh, Ashley Phillips, Glenda Pinney, Steven Reyes, Hyunhye Seo, Duy Tran, Gary Tsai, Way Wen SAPC Consultant, Health Management Associates: Brooke Ehrenpreis, Margarita Pereyda

MEETING PROCEEDINGS

Agenda Items	Discussion
I. Welcome and Introductions	John Connolly, Los Angeles County Department of Public Health-Substance Abuse Prevention and Control (DPH-SAPC) Deputy Director, opened the meeting by welcoming all of the participants; stating the meeting goal of the draft Case Management/Care Coordination (CM/CC) overview and components for the stakeholders' feedback for further improvement of the document, and provided an update about ongoing discussions with the California Department of Health Care Services (DHCS) regarding case management/care coordination and introducing the meeting facilitators from the Health Management Associates (HMA). In addition, Dr. Connolly provided updates on the submitted Drug Medi-Cal (DMC) revised rates to DHCS; the ongoing DMC Waiver-related trainings and technical assistance by DPH-SAPC consultant, California Institute for Behavioral Health Solutions; and announced that the State had decided not to consider a Licensed Vocational Nurse as a Licensed Practitioner of the Healing Arts (LPHA).
II. Stakeholder Process Overview	Margarita Pereyda, HMA principal staff, facilitated the meeting as assisted by the organization's senior consultant, Brooke Ehrenpreis. Ms. Pereyda is a physician with years of executive management experience with federally qualified health centers specializing in integrating medical and behavioral care with social services. Ms. Ehrenpreis has facilitated statewide and national efforts on health reform and Medicaid Waiver initiatives. As a way of starting the discussion, Ms. Pereyda provided an overview of DPH-SAPC's CM/CC Model of Care which includes three levels of intervention – care coordination, case management and care management – depending on each patient's severity of need. She explained that the tiered approach is driven by the changes in the health care system at large which has resulted in an influx of patients with varying conditions and degrees of acuity. Such a scenario would require DPH-SAPC to apply risk stratification among its patients, first through the American Society of Addiction Medicine criteria, followed by the different social determinants of health including stable housing, criminal justice involvement, etc. Ms. Pereyda clarified at the onset that the proposed tiered approach to CM/CC is the long-term, future goal and that providers are not necessarily expected to implement the different levels upon START-ODS launch on July 1, 2017.
III. Member Expectations and Ground Rules	Meeting notices sent to the stakeholders prior to the meeting included encouragement for participants to contribute to the discussion, to read related documents in advance, and to provide supplemental research or data as needed. (Note that participants did not receive the CM/CC documents in advance of the meeting).
IV. Document Review and Discussion	**Workgroup participants reviewed the CM/CC documents and had the recommendations, comments and questions recorded below:** ▪ **<u>Recommendations</u>** - Start small with implementing this brand new CM/CC tiered model. For example, DPH-SAPC should not require providers to implement all the tiers by START-ODS launch date and accordingly noted the different levels in the patient's treatment plan until appropriate provider staff trainings are conducted.

- Work with the providers' information technology units with regards to online forms and provide an implementation timeline so that providers can start using online systems in preparation for and leading into START-ODS.
- Train the County Contract Program Auditors with the rules on delivering CM/CC services in order to avoid undue citation and disallowance.
- Provide a list of billable and non-billable services and activities under CM/CC.
- Retain the old Healthcare Common Procedure Coding System (HCPCS) codes for case management to avoid confusion.
- Emphasize and consistently indicate on the revised narrative that case management/care coordination notes shall be uniformly written on the patients' treatment plan.

▪ **<u>Comments</u>**

- Staff-to-patient ratio still needs to be established. Currently in the field, not specifically Los Angeles County, the range is one staff for every 25 to 379 patients. Forty (40) is what is mostly practiced.

▪ **<u>Questions</u>**

- **Do the different tiers pertain to separate levels of care?**
  - *No, START-ODS recognizes them as service delivery options that are available within all levels of care. They are not in themselves separate ASAM Criteria levels of care.*
- **Do all the three tiers have the same HCPCS billing code?**
  - *DPH-SAPC has bundled the different codes under case management in the revised DMC rates being proposed to the State. Each tier will be billable in 15-minute increments. It still needs to be determined if the total allowable time would be longer depending on the tier and if/when this would begin. For instance, it could be longer for care management for patients with higher acuity, and less for care coordination for patients with less severe condition and circumstance.*
- **Are billable units face-to-face only?**
  - *The setting modality is prescribed by the State. Alternatively, the provider will be able to submit a proposal to define what/where field-based services will be provided.*
- **Will there be a cap on services?**
  - *For now, DPH-SAPC will allow for two and a half (2 ½) hours per patient per month, which can be rolled over to the next month if unused. The allotted hours stay with the patient and will not be pooled with other patients.*
- **What are the allowed modes of delivering CM/CC? Will only face-to-face be billable?**
  - *Per the State, services can be conducted through face-to-face, telephone, telehealth. This topic will also be discussed in the field-based services (FBS) workgroup.*

- **What are the permissible alternative or community settings? Will fast food places qualify? The Department of Mental Health (DMH) contracts, for instance, allow various public and commercial places easily accessible to patients. Do we need to seek approval each time we conduct case management/care coordination at the selected venues?**
    - *SAPC will reserve all this discussion during the FBS stakeholder workgroup meeting on September 29, 2016. As of now SAPC is not considering locations such as fast food restaurants and SAPC will closely monitor and determine where FBS can be conducted. Providers will be required to submit a proposal for FBS depending on patients' need. Close monitoring and diligent documentation, particularly for patients with high acuity, are in alignment with Medi-Cal requirements as we move towards the managed care model under START-ODS.*
- **Why do we need a tiered approach when the ASAM Criteria already establishes acuity through its different dimensions, which include the patient's living environment?**
    - *The ASAM Criteria does not specifically focus on the tiers. Rather, the tiered approach is designed to address the patients' specific needs from the medical field's care coordination standpoint as we move towards the managed care framework.*
- **Will SAPC expect providers to implement the tiered approach by START-ODS launch date?**
    - *The tiered model is a future consideration where DPH-SAPC may eventually take responsibility for the highest tier, which is care management. It will not happen by the launch date, but providers that are able to conduct care management even early on are encouraged to provide the service. SAPC understands that we need to build towards this new tiered model.*
- **Is DPH-SAPC envisioning itself to act like an Independent Practice Association (IPA) under START-ODS?**
    - *SAPC will continue to be the oversight agency and manage the substance use disorder (SUD) network to ensure delivery of effective and outcome based services.*
- **Does DPH-SAPC have a timeline for when it will start providing care management?**
    - *No, not at this time.*
- **Couldn't care coordination be provided by peer specialists and other non-licensed staff instead of LPHAs or SUD counselors given that its corresponding tasks are designed for lowest patient acuity without the need for high-level specialization?**
    - *Per the State, peer specialists will not be able to bill for services other than for recovery support. To avoid confusion, non-licensed staff pertain to non-LPHAs, but may include SUD counselors.*
- **Is DPH-SAPC distinguishing between registered and certified SUD counselors?**
    - *Later, DPH-SAPC will provide a grid of which staffing levels can bill for which services under START-ODS.*

- **Can SUD counselors provide services in all tiers?**
    - *In view of continuity of care, it makes sense for an SUD counselor to be able to follow a patient through as he or she transitions from one level of care to another. Yes, SUD counselors can provide services in all tiers but as the patient's condition gets more acute, higher-level licensed professionals can just be added into the patient's care team.*
- **How do we provide CM/CC to patients who have not been able to consistently follow through their treatment, for instance homeless individuals? Should we provide recovery support services (RSS) instead?**
    - *If the patient has not been officially discharged from treatment yet, providers should conduct CM/CC, which is intended to be an integral part of such patient's care. RSS is conducted after treatment.*
- **For patients who have been inconsistent with their treatment, how do we provide CM/CC if they have been out-of-reach for some time?**
    - *As long as the patient has not been discharged from treatment, case management can continue. If, however, the patient is discharged after so much time has passed, then case management is not an option to re-engage the patient. Case management, in this case, is done in conjunction with treatment only. Providers will need to make sure that DMC eligibility verification is conducted, and medical necessity is met every six (6) months for most services. Case management does not need pre-authorization.*
- **Are there limits around providing CM/CC through telehealth?**
    - *Telehealth is an option that needs justification on the patient's treatment plan, and entails diligent documentation. SAPC will provide more guidance on telehealth in the future.*
- **How can providers ensure confidentiality when using telehealth?**
    - *There are existing protocols and forms that are readily available for DPH-SAPC's reference in developing its provider manual and trainings. Providers need to ensure that any tools used in providing telehealth* are *Health Insurance Portability and Accountability Act* (HIPAA) compliant.
- **How many providers are ready for telehealth? For those currently implementing telehealth, what online tools are being used?**
    - *A minority of providers present are ready for telehealth. In terms of online tools, a provider uses Skype™ video chat to connect with its youth patients. VSee™ is another platform that has integrated HIPAA compliance into its system. Telehealth, and the systems used need to comply with and ensure patient confidentiality.*
- **Will providers be able to bill for all of the seven (7) components under case management/care coordination?**
    - *Yes*
- **If, for instance, a provider is able to cover any of the seven (7) service components during individual counseling, can providers bill for those under case management?**
    - *Case-management services need to be billed under the appropriate code.*

- **Should there be a new certification for case managers under this new model?**
    - *No, other professionals are able to provide case management/care coordination services, provided they have the expertise and they have completed case management as part of their training/academic curriculum.*
- **Where can providers write the patients' CM/CC notes?**
    - *The service tiers should be clearly indicated in the patient's treatment plan. DPH-SAPC will be focusing on the content of the notes, so providers need to diligently organize them to lessen questions. It is important that the treatment plan be standardized and includes CM/CC. They should be reflected in the treatment plan as part of the services being delivered to each patient. Documents will be revised to include consistent terms and forms. For now, providers may write their notes on paper. Eventually, we will transition to an electronic and integrated treatment plan format.*
- **How will documentation and billing be like for same-day services?**
    - *See the State's MHSUDS 16-007 on same day billing available at: http://www.dhcs.ca.gov/provgovpart/Pages/Fact-Sheets-and-FAQs.aspx?*
- **Will there be a grace period or training for providers to prepare for implementing CM/CC under START-ODS?**
    - *This fiscal year is our learning period prior to the launching date July 1, 2017. More trainings are upcoming prior to and all throughout the Waiver period. SAPC encourages all providers to have policies in place (e.g., on privacy and confidentiality) in preparation for START-ODS come July 1, 2017.*
- **Will there be any special assistance for smaller agencies, which may not have the financial and structural capacity to move towards or survive under START-ODS?**
    - *Under START-ODS, the increased DMC rates should support smaller providers in making the necessary business and clinical capacity investments to provide the level of service necessary under the waiver. There are more billable services than in the past, which means a larger scope of services available to patients. It will be a learning curve, but going through this will enable providers to be knowledgeable about Medi-Cal processes. Training and technical assistance opportunities have already started to assist smaller providers on how to remain viable through the transition. The providers will need to assess their ability to provide services and consider partnering up with other providers to share the costs.*
- **Can an LPHA conduct and bill for individual counseling, and then CM/CC right after?**
    - *Yes.*
- **Is CM/CC required for patients?**
    - *No, case management/care coordination is voluntary for patients and should be conducted according to the care they need. Again, it is important to document the need for this service in the patient's treatment plan.*
- **Will providers receive a revised, linear narrative for case management/care coordination later?**

	- *Yes, SAPC will update this document as part of the process to develop treatment standards of care.*
V. Next Steps	DPH-SAPC, with HMA, will later distribute the revised case management/care coordination documents to the providers. A subsequent meeting may also be held as needed. A revised narrative integrating comments from the past stakeholder workgroup meetings will also be released. Next meetings will be on Recovery Bridge Housing on September 15, 2016 and FBS on September 29, 2016. Additional feedback may be sent through DPH-SAPC's website or email at SUDTransformation@ph.lacounty.gov. Meeting notes will be posted online.